DOCUMENT RESUME

ED 272 827 CG 019 311

AUTHOR Parr, Joyce; And Others
TITLE What People Want, Why They Move, and What Happens After They Move: A Summary of Research in Retirement Housing.
PUB DATE Aug 86
NOTE 50p.; Paper presented at the Annual Convention of the American Psychological Association (94th, Washington, DC, August 22-26, 1986). For related documents, see CG 019 312-313.
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Design; *Housing; Life Style; *Needs Assessment; *Older Adults; *Residential Institutions; *Retirement
IDENTIFIERS *Congregate Housing Program; *Long Term Care Facilities

ABSTRACT

This document presents an overview of research in retirement housing which focuses on studying individuals' adaptation to retirement housing, consulting on the design of retirement housing, and conducting community surveys to assess the interest in living options for older persons. The terms congregate housing, continuing care retirement centers, and life care communities are defined. Community surveys, the market and regulations affecting congregate housing, financing of housing, and national organizations interested in this topic are discussed. The methodology used in community surveys is presented in detail. Findings of these surveys are presented in tables and discussions of the following topics: (1) features and services considered important by those interested and financially eligible for retirement center living; (2) building and apartment styles and sizes preferred by interested and financially eligible individuals; (3) distance interested and financially qualified individuals are willing to move for desired features and services; (4) degree to which interested and finascially qualified individuals are ready to move to a retirement center; (5) type of sponsorship preferred by interested and finascially qualified individuals; (6) characteristics which differentiate between those who prefer a rental plan and those who prefer a life care facility; (7) concerns expressed by those who are finascially eligible but not interested in retirement center living; and (8) health center days used in life care communities. The need for program development, marketing strategies, management decisions, and budget planning to make use of this type of information is discussed. (ABL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED272827

What People Want, Why They Move, and What Happens After They Move: A Summary of Research in Retirement Housing

Joyce Parr, Sara Green, and Corinne Behncke

Foundation for Aging Research

Christison Communities, Inc.

CG 019311

Running Head: WHAT PEOPLE WANT, WHY THEY MOVE, AND WHAT HAPPENS AFTER

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

✓ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Joyce Parr

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

What I will do today is to present an overview of the research we have been conducting in retirement housing over the last nine years.

Our studies have focused on middle and upper income people who are currently living in, are considering a move to, or have told us they have no interest in moving to a facility where they can live independently and where a variety of services including health care are available.

We began with an interest in the kinds of people who make such moves. We were particularly interested in the characteristics that might relate to their successful adaptation to life in this type of setting. As part of our concern with regard to adaptation, we have studied residents' evaluations of themselves, their facilities and the staff and have examined the relationship between resident characteristics and health care useage and longevity. We have also explored staff evaluations of residents, their facilities and themselves; and have compared resident and staff perceptions as clues to the health of the residential environment.

As a result of our work within established retirement communities, we have been asked more than twenty times to participate in the decision making

process regarding the development of new facilities. In this connection, one of our roles has been to design and conduct community surveys to assess the extent and nature of the interest in living options for older persons. In addition, we have looked at the similarity of persons who express interest in a possible move and those who actually move. This has been done by comparing the characteristics of interested community residents with the characteristics of retirement community residents, and by comparing those who inquire or visit a particular facility with those who make the decision to move in.

The information I will share with you today is based on data asembled from more than 6,500 elderly persons in seven states.

As far as we have been able to determine, we are the only group consistently working to interrelate these different types of data over an extended period of time in any specific kind of setting. We are aware of a number of individual studies of residents in similar living arrangements and we would welcome the opportunity to communicate with others who have data which could be compared with ours.

All of our work has been sponsored by private organizations. Some of it has been done directly

through contracts with the Foundation. A substantial part has been done as I and other members of the Foundation staff have functioned as consultants to Christison Communities or their clients. In exchange for our consulting work, the clients have agreed that the data accumulated in the process of addressing their questions would be available to the Foundation for comparison with other data and for reporting to the scientific community.

We have regularly made presentations at meetings of various professional organizations of psychologists and sociologists and to interdisciplinary groups of gerontologists. Participation in this meeting represents our concern to provide information to the industry. We are planning a series of publications to increase our ability to communicate. Confidentiality with regard to specific locations or organizations is always maintained. We welcome inquiries regarding our work and opportunities to conduct studies in other locations, particularly in types of facilities different from those with which we have been involved.

Definitions

Before I get to the substance of our data, I feel the need to clarify some of the terms I will be using.

Congregate housing is a broad term which refers to the fact that both shelter and food are provided with some additional services. Adult Congregate Housing Facilities (ACLF's) can be small with a few residents or quite large. They can be publicly or privately sponsored. They can be relatively inexpensive or quite expensive for residents. They are regulated by Florida law.

Continuing care retirement centers (CCRC's) by Florida Statute definition, are congregate housing facilities which charge an initial fee for which some assurance of subsequent health care is given. No minimum time limit is specified. Elsewhere, the term is more commonly applied to facilities in which a health care contract extends over a minimum of one year. Frequently, CCRC's have a nursing unit which must comply with nursing home standards.

Life Care communities are continuing care facilities which issue resident contracts which assure life occupancy except for the extraordinarily rare case in which the facility can no longer provide appropriate care for a resident. These communities typically offer several levels of care including skilled nursing.

All of the data regarding residents which I will present today come from life care communities. The

general community data come from surveys which have examined the characteristics of persons who express interest in a variety of shelter and service-delivery arrangements available to middle and upper income elderly persons. I will use the general term "retirement communities" to refer to that range of living options.

What People Want

What people want depends a great deal on what's available or more specifically on what people know about.

To date we have conducted nine community surveys as part of market feasibility analyses for new projects in the Southwestern, Southcentral, Southeastern and Northeastern United States. Four of those studies were done in areas where few retirement communities existed. Those instances made us particularly aware of the need to describe clearly, in generic language, what retirement communities are like. Interestingly enough, however, the extent of expressed interest in retirement housing has been as high or higher in some of these areas than in locations where more facilities exist.

The market is becoming much more sophisticated as the variety of options for congregate retirement living has expanded. As the number of possible plans has

increased, the variety of interest among community residents has increased as well.

A variety of national directories of retirement housing options have been published over the last 15 years. The first I was aware of was that produced by the National Council on Aging (1969). Several were prepared by Kendall Crosslands (see, for example, Adelman, 1980) and exclusively described non-profit life care communities. The Winklevoss and Powell (1982) publication resulted from the Continuing Care Retirement Community study funded by the Robert Wood Johnson Foundation and the Commonwealth Fund. The most recent one has been produced by the American Association of Retired Persons in cooperation with the American Association of Homes for the Aging (Raper, 1984).

Between the Kendall Crosslands' work and the Winklevoss and Powell study, the Foundation for Aging Research conducted a national survey of retirement communities (Parr & Green, 1981) as part of our effort to develop a typology which would distinguish between different types of facilities. While I believe those distinctions are still valid, a whole new category of facilities has mushroomed over the last four to five years which was essentially non-existent at the time of our study. This new type is the rental/lease facility

which offers independent apartments and a range of services, many including health care, on a fee for service basis.

I don't want to spend my hour today talking about the still much needed clarification and distinction among various types of housing and service delivery models. I will simply say at this point that assessing the degree of market interest in various types of financial plans and service packages in a particular location is essential for a developer of new facilities, and is probably the better part of wisdom for existing facilities to stay alert to changes in the competitive market place.

To give you an example of how quickly the options in an area can change, we began producing a series of comparisons for consumers of the basic living costs and the long term costs of expected medical care in different facilities. We began with a group of seven developing continuing care facilities on the West Coast of Florida. Our first publication was on basic living costs.

The first, on basic costs, was done approximately two months ago. Since then, one of the developing facilities included in the comparison has totally changed the financial and contractual arrangement being

offered to prospective residents. This is not an unusual case. I know of another Florida developing facility that changed its financial and contractual plan three times over a period of less than two years.

There are a number of causes which contribute to such maneuvering. One is the extremely competitive nature of the industry at this point in time. Another is that some developers do not adequately pretest the strength of the market for a specific type of project and instead choose to spend their money trying to market one plan before shifting to another. Still another is the multiple effects which legislation such as Chapter 651 of the Florida statutes has on the development of new projects.

Chapter 651 provides a number of very important protections for consumers. At the same time, the process of obtaining certificates of authority and the requirement that 50 percent of the units must be presold before construction can begin, severely strains and sometimes strangles the development budgets of new projects. The facility I mentioned which had changed the nature of its contractual offering, since we included it in our analysis, had done so in order to remove itself from the 50 percent presold requirement. I am told the developer is assuring prospects that the

management will abide by the the other protections provided by the Chapter 651. Nevertheless, they are no longer required to do so. Upon changing the financial plan, they immediately began construction.

The only national voluntary membership organization of facilities which existed for many years was the American Association of Homes for the Aging, known as AAHA. That organization continues to admit to membership only non-profit facilities. The large majority of the newer facilities are being developed by for-profit companies. Many of the developing communities also prefer an image which clearly separates them from more traditional homes for the aged and free standing nursing homes who are also members of AAHA.

Over the last two years, two new organizations have emerged. One, based in Florida, is the Life Care Council. The other has offices in Annapolis, Maryland and has taken the name, the National Association of Senior Living Industries (NASLI).

The point to this apparent digression at this stage of my presentation is to present a bit of the picture which confronts prospective residents of retirement communities. Most persons who move into retirement communities, particularly in Florida, have explored many facilities before making a decision. The citizens who

receive our questionnaires expect more now than they used to. They write in additional services or features they would like or have seen elsewhere if we miss mentioning something important to them. The nature of their preferences has changed over the years that we have been conducting these studies. Peoples' concerns reflect both national publicity and whatever information they have about other more local projects.

The increased sophistication of the market and the number of options being presented in the market place make the developer's decision as to whether to build and what to build more complex. Chapter 651 mandates market feasibility studies. The American Association of Homes for the Aging (1984) has published a booklet on what should be included in a market feasibility study. In fact, a year or so ago, we received a request for a proposal which exactly followed AAHA's outline and included a great deal of language directly from the document. A number of market research groups are offering to conduct studies for prospective developers. Most recommendations are based on census demographics and population projections combined with an analysis of existing projects which are judged to be competitive with a proposed project.

We are convinced that such analyses are not adequate for decision making. At least that is the case for the smaller developer who could be severely hurt by building the wrong kind of project or by having to fund a marketing effort over long periods of time without the confidence as to whether the project can be successful over the long haul. Many of the new projects are being sponsored by large corporations who survive on the overall corporate profit and for whom some red ink in one location is offset by other successes.

Characteristics of Prospective Retirement Center Residents and What They Tell us They Want

Market Study Methodology

When we conduct a survey, we first study the demographics of a region and then select census tracts from all the areas which seem to us or the client to represent possible market areas. Tracts are chosen which maximize the possibility of reaching the largest number of people who would be eligible for residency in the type of project being considered. Then, totally random samples are drawn from those tracts. Any household regardless of age has an equal chance of receiving our questionnaire. We do not use purchased lists.

We use mailed questionnaires as the most cost effective method for obtaining information. We have systematically compared phone and mail contacts and have determined that we get more thoughtful responses from more appropriate people by mail.

We do not rely on focus groups since generalization to the appropriate market segment cannot be reliably made. With such an approach, we would not be able to provide a developer with the number of eligible and interested persons in the market segment. We <u>will</u> conduct focus groups as follow up to a community survey but not instead of it.

The percentage of all respondants 65 years of age and older who have expressed interest in living in their own apartment in a retirement facility where services, including health care, are available, has ranged from 38 to 66%. When the sample is reduced to those who are age and financially eligible for the kinds of projects for which we are usually working, the range has been from 36 to 66 percent. This eligibility requirement is a home value of $50,000 or more and an annual income for a single person of $15,000 and $25,000 for a couple.

How encouraging those percentages are depends on how many age and financially qualified people live in the market area of interest. That is, a high degree of

interest is good, but there still has to be a large enough actual number of people for us to express confidence in the success of a project. Using such strict financial criterion, many more people are interested than would be able to move into a facility of that type. The percent of interest in retirement center living is somewhat greater for lower income groups than it is for those in higher income brackets. Combining data from five studies, conducted between 1981 and 1984, 55 percent with annual incomes less than $15,000, and 56 percent with incomes between $15,000 and $25,000 expressed interest. From $25,000 to $35,000, the figure was 42 percent and above $35,000, 47 percent were interested.

Data combined from these same five studies constitute the source of the market study data I will present next. Our most recent studies have not yet been added to this data base.

Characteristics of Prospective Residents

Within the age and financially eligible group, there are differences between the kinds of persons who are interested and those who are not (See table 1).

INSERT TABLE 1 ABOUT HERE

When single variables are considered, there are statistically significant differences in age, sex, current living arrangements and occupation. Those who are interested are older, fewer are men, fewer still live in single family homes and more are from professional occupations. An examination of the final discriminant equation show that the best prospects for retirement housing are older single women or married couples formerly engaged in professional occupations and currently living in condominiums worth between 50 and 100 thousand dollars. Fewer interested individuals have investment income.

Even after we narrow the population down to those who are age and financially qualified, knowing these few more characteristics, allows us to predict among them with 60 percent success which ones are likely to be interested in retirement housing of the sort we described.

Features and Services Desired by Prospects

Table 2 lists the features and services considered important by those who are age and financially eligible and have expressed interest. We call these people the available market.

INSERT TABLE 2 ABOUT HERE

A way to signal for help in an emergency and the ability to stay in the facility for the rest of their lives are rated as the most important features. Both are mentioned by 99% of this select group.

The next two in importance at first may seem contradictory. People want kitchens in their apartments (96%) and also want a dining room where at least one meal a day is served to all residents (94%). The members of this available market want their options. They want the freedom to prepare their own food but want to share in a congregate meal.

Security, maid service for heavy housekeeping, transportation, and a 24 hour nursing center are next in importance. Planned social and recreational activities are important to only 79%. A substantial portion of this group expects to plan their own activities. Item #12 in Table 2 is important to note because the 79 percent who are interested in personal or health care services in their own apartment without having to move to another apartment or part of the facility is a large increase from our earlier studies. Since this group is no older and are in as good health as our earlier samples, we suspect this change in interest is due to the awareness that more facilities are offering such services and that they now expect them to be part of the offerings of a facility.

It is interesting to note that 76% of the sample listed other specific features on a write in basis which they felt would be important.

INSERT TABLE 3 ABOUT HERE

Table 3 shows the eligible and interested's preferences for building styles. While 97 percent express interest in a one or two story complex spread out over a large area and 65 percent would be interested in a mid-rise, 81 percent say that the height of the building really doesn't matter.

Fifty-eight percent say they would like a two bedroom/two bath apartment. Only seven percent express interest in an alcove or studio. These numbers are also considerably different from our earlier studies where smaller apartments were in greater demand. This trend may be related to the larger numbers of elderly who are entering retirement with somewhat higher incomes. I think it is much more likely to reflect the fact that people with middle and upper level incomes no longer expect to have to move into single or double rooms or into efficiency apartments to obtain the other features and services they want in retirement living. Some evidence which supports this hypothesis is the finding from one of our studies that the area which had the

least exposure to retirement communities of the sort I have been describing today showed the greatest willingness to consider small apartments. There may be some other cultural variables in that area, however, which would help to account for the difference.

INSERT TABLE 4 ABOUT HERE

Table 4 indicates the distance which members of the available market are willing to move. Eighty-six will consider the town and eighty-nine percent will consider the county in which they currently reside. The numbers who will move farther are much smaller, though 54 percent say the location is not important as long as the features they want are available.

INSERT TABLE 5 ABOUT HERE

Table 5 refers to the fact that among this available market group, 88 percent had actually considered moving into a retirement center prior to the survey. Fifty-three percent had already investigated the costs of such facilities. Only half (48%), however, said they would be ready to move within the next five years.

Eighty-one percent want to move while they are healthy and active. Thirty-one percent would move only

if their health declines whereas a larger number (44%) would move if their ability to get around begins to decline.

INSERT TABLE 6 ABOUT HERE

The preference for a non-profit, non-religious facility is still high (94%) (see Table 6) but the percentage who will consider moving to a for-profit facility (51%) has been increasing dramatically over the last several years. A few years ago, our studies indicated that only between 10 and 20 percent would consider a community built and managed by a for-profit organization.

Contractual Arrangements Preferred by the Prospective Resident

Both the refundable entrance fee and rental/lease plans were developed at least partially in the attempt to reach persons who did not want to pay a nonrefundable amount up front. Since 1983, we have been testing for the relative interest in several financial and contractual plans. Combining the data from five studies through the end of 1984, given a choice between a rental plan, in which health care and other services would be available but not included as part of a life care

contract, and a life care plan, less than one third of the available market, prefer the rental plan. Data from two more recent studies suggest that the interest in rental type arrangements is increasing as long as health care is available as needed.

A few comments should be made here regarding the differences between households who prefer rental and life care plans.

INSERT TABLE 7 ABOUT HERE

Table 7 shows the results of a discriminant analysis which identifies those differences. Potential rental residents are likely to be married couples or single women who are relatively less well off and younger than those who prefer a life care facility. Although financially eligible by our criteria, fewer of those who choose a rental plan have annual incomes of $35,000 or more, homes worth $100,000 or more and income from investments.

In addition to being unique in terms of background characteristics, the potential rental resident has some service and feature preferences which differ from those of the potential life care resident. A considerably smaller percentage of rental choosers express interest in a common dining room, maid service, a receptionist at

the front door and skilled nursing service. Conversely, a larger percentage express interest in transportation and planned social and recreational activities. Potential renters are also more willing to move to a high rise facility and are more likely to want larger apartments than those who choose the life care option. Other differences also exist adding further to the very strong evidence that the market for rental facilities is quite different than that for life care communities.

Concerns Of Those Eligible But Not Interested In Retirement Housing

Those financially eligible but not interested in retirement center living express a number of different concerns about such arrangements.

INSERT TABLE 8 ABOUT HERE

Table 8 shows that as of a year ago (when we last combined these data) the biggest concern was the non refundable entrance fee (95%). The next most important reason for lack of interest was the feeling they weren't ready for it yet (79%). Sixty nine percent have a concern about the long range financial security of projects. This question is particularly sensitive to any adverse national publicity and to any financial difficulty which has occurred in a facility in the area being sampled.

The more community surveys we have conducted, the more we have become convinced that demographic analyses are simply not adequate to determine whether a new project could survive or prosper in a specific location and if so, what kind of a project it should be.

When we make a recommendation to a developer we will specify the number of older people who are financially qualified, are likely to be interested in a specific kind of project in a specific location and who feel they will be ready to move within a twoto five year period. The number of competitive units which already exist or are planned for the market area and the number which are likely to become vacant through normal turnover are then compared with the available market. Only then are we willing to make a recommendation as to whether a project should be built. We feel obligated to tell a client if the market is questionable or simply too weak to support a new facility.

Regional Variations

The variables which have shown the greatest location differences, that is from one area of the country to another, are the overall percentage of interest, the relative preference for rental vs. life care type arrangements, the distance people are willing to move, the size of apartments desired, preference for

building height and the relative importance of different services.

Why People Move

Making a move involves a complex decision making process, but here is what people tell us. The information we have about residents comes from seven life care facilities. The data were provided to us by approximately 500 residents. They lived in the Southeast, Midwest and Northeast.

The availability of health care and the expectation of being able to live there the rest of their lives, are the two reasons noted most frequently by residents for having moved into their retirement community. The particular location and safety and security are the factors mentioned next most often.

In all but one of the seven groups of residents studied, the availability of health care was rated as first in importance. In the seventh community, location was first. It happened that the reason we were invited to do a survey of the residents of that facility was that the sponsoring religious organization was considering reorganizing and consolidating its assets and services. The residents were afraid that the building in which they were living might be closed. It was an older building in a high rent district of a large

northeastern city. The residents were trying to get the message through to the "powers that were" that they did not want to move out of the center of the city where they were close to museums, concerts and shopping. The second and third most important reasons given by residents of that community were the expectation of being able to live there the rest of their lives and the availability of health care. It is interesting to note that safety and security in this urban area were rated as less important by this group than by any other residents.

Characteristics of People who Move

In reviewing the next findings, I will be the first to say they may not be characteristic of all facilities. But, we have had many experiences through the years both of confirming and surprising administrators as to the actual characteristics of the residents in a facility. Again, I welcome, indeed solicit, data from other facilities for comparative purposes.

The majority of residents are married couples or widowed women. The number of single men who move in is small.

The average age at entry is between 78 and 79. The average age of all residents goes up somewhat for the first several years and then levels off between 84 and 86 years of age.

The mean number of years of education is 14 1/2. The majority of residents come from professional occupations or have owned or managed businesses.

Fifty two percent are natives of the state in which they now reside. This summary number can be quite misleading, however, since the percentage in Florida facilities is much lower. A high percentage of residents in the midwestern and northeastern facilities we have studied have retired in the state in which they have lived most of their lives.

About half moved directly from a single family home which they owned. The next highest number moved from rental apartments. Almost all lived alone or with a spouse before moving. Very few lived with relatives or friends.

Almost all feel in control of their lives. Eighty seven percent say they feel in control most of the time. Generally they feel they can make their plans work for them and enjoy doing so.

Forty one percent report themselves to be in very good or excellent health. Another fifty percent say they are in good health. Only 18 percent say their health limits their activites most of the time. Thirty nine percent say their health sometimes limits their activities and 43 percent say it rarely does so.

Between 60 and 70 percent have valid drivers' licenses. More than half have cars.

In general, then, residents are well educated, healthy individuals generally unaccustomed to group living and used to being in control of their lives. They are also future oriented. They are planners. Most don't need personal assistance or extensive health care now but want to be sure it is available in the future.

What Happens After They Move

Resident Evaluations

Certain kinds of residents' evaluations of their own facilities are very sensitive to immediate situations within those communities and hence vary from place to place. Other types of evaluations are more stable across locations, that is there is more similarity among residents of different facilities.

Among the more variable items are whether maintenance is handled effectively, whether the staff care about the residents as people, whether the policies and rules are clear, whether the residents have the opportunity to influence management decisions, whether the residents' council functions effectively and whether the residents feel they know what's happening. Such questions from the evaluation instrument we have developed and used in facilities, provide a sensitive measure of current problems within a community.

Other questions from the same instrument assess feelings and judgments of residents which hold up in spite of the more temporary problems which can be addressed by management. This type of question includes such things as whether the services offered are the right ones, whether residents feel they have sufficient privacy, whether they are satisfied with their social interaction, whether they feel free to invite family and friends to visit them, whether the overall value for their money is there and whether they are generally satisfied with their situation.

Staff Evaluations

On a number of variables, the staff and residents generally agree with regard to the evaluation of their facility. On others there is generally discrepancy. Of course, the extent and nature of the discrepancy varies among facilities.

Staff and residents evaluations are similar in regard to the extent to which: management is concerned about maintenance, health care is available when needed, and staff care about the residents as people.

On the other hand, the staff feels that residents have more opportunity to influence management decisions than the residents feel they do. The staff feel the residents are more limited by their health and are less

in control than the residents feel they are. The residents feel they are more able to maintain their privacy and to help each other more than the staff feel they do.

Nursing Care Required by Residents

We have studied the pattern of health care useage extensively in two facilities from their dates of opening. We have recently completed an analysis of the health center useage for temporary stays of all residents who moved in during the first two years the facilities were open, that is the first generation of residents. Since the facilities have been open differing number of years, the first seven years of both facilities was choosen as the time period for this study. A total of 468 residents are included in the analysis.

Table 9 summarizes the nursing bed useage for those residents who are not permanently transferred to the health center during the first seven years.

INSERT TABLE 9 ABOUT HERE

Twenty percent have one nursing bed stay. The mean length of that stay is 39 days. The shortest stay was one day. The longest was 284 days. .

Eleven percent have two or three stays for an average of 77 days. Two percent have four or five stays for an average of 156 days.

Tables 10 and 11 summarize the experience of residents who are permanently transferred to the health center sometime during the first seven years.

INSERT TABLE 10 ABOUT HERE

For those who are transferred as part of their first stay, the average number of nursing days before transfer is 139. For those transferred after two to six stays, the mean number of days before transfer is 181.

INSERT TABLE 11 ABOUT HERE

Of the 60 persons who were transferred, 27, or 6% of the total number of residents, died during the first seven years. They averaged 350 days after transfer before death. Another 30, or approximately 6%, were still patients of the health center at the beginning of the eighth year. The average number of days they had spent in the health center after transfer was 806. One person had been a nursing patient for 2,616 days. Two had moved out. One had returned to her apartment after 463 nursing bed days.

INSERT TABLE 12 ABOUT HERE

In summary then, (see Table 12) 33 percent had used the health center for temporary stays. Thirteen percent were transferred for long term care. Fifty-four percent had used no nursing bed days.

The characteristics which distinguish residents who are transferred from those who are not (again using discriminant analysis) are, in order of importance: more confused, lower income, more likely to live alone, less likely to have required special care at entry, more likely to have experienced a change in marital status since entry and existence of a chronic health problem at entry.

We have also been studying longevity of all residents independent of whether they have been permanently transferred to the health center. Since such a small percentage had died by the end of seven years in the two facilities, we looked at the same first generation of residents in the older facility over a nine year period. At the end of nine years, 59 percent of the residents were still alive. They had entered the facility at an average age of 77 and then averaged 86 years. Over the nine years, a total of 22 percent had been transferred to the health center. Only 13 percent

of all who had died had done so after having been transferred to the health center.

The characteristics that distinguished the residents who had died were: gender (more men had died); cardiovascular problems; having a chronic health problem; having cancer; having spent more days in the health care center; having been rated in better health by their physicians at entry; not having experienced a change in marital status; being on fewer medications; more advanced age at entry (age being 9th in importance); having been more physically active; and having been more affluent.

We are continuing to study the pattern of longevity and variables related to it.

What More We Need to Know

The industry needs systematic data from a variety of different kinds of facilities. The record keeping systems need to be designed or renovated to gather data from which all of us can be learning.

Among the questions we need to address are: how much health care is used and how long do people live over long periods of time; what are the personality characteristics of people who adapt well to retirement community settings and those who do not; what are characteristics of the physical and policy environments

which enhance adaptation among residents; how are decisions made as to who moves to the nursing center, who goes to a personal care apartment and who hires an aide so they can stay in their original apartment; and what are the characteristics of staff who function well in retirment center settings?

You can probably add more questions of your own.

WHAT CAN/SHOULD BE DONE WITH DATA LIKE THESE?

Development decisions should be enhanced by information. The final decision to go or not with a project must involve judgment, but judgment with benefit of data is better than an uninformed one.

Program development for new and existing facilities should be guided by knowledge of who the residents are and what their needs are.

Marketing strategies can be designed to reach the people who want a particular product or the product can be designed according to the interests and needs of the available market.

Management decisions should be based on systematic ongoing feedback from residents and staff. If large discrepancies between resident and staff perceptions exist or arise, they should be analyzed as sources of possible problems. They could serve as a basis for designing in-service sessions for staff or to plan ways of increasing the resident and staff's understanding of

each other. They could be used to identify areas in which policy needs to be reviewed.

Budget planning is often based on limited data. A longer range view of, for example, the health care useage and longevity of residents could be invaluable in making decisions regarding capital improvements in relationship to future reserve needs.

Data from other facilities can be used in conjunction with your own to make plans as to when additional service options should be offered.

Long range cost data are needed to assist prospective residents in deciding whether their assets are sufficient so that they could expect to live comfortably in a particular facility the rest of their lives. This will be of special importance as we try to develop facilities which can serve lower income groups than have typically been serviced by full service retirement communities.

Finally, long range information regarding the personal characteristics of residents who function well and feel good about their situation is needed as older people make decisions regarding their future living arrangements.

Epilogue

I have presented a lot of data today but it is just a sample of the kinds of questions which we have been able to address with the private support of developers and managers of retirement communities.

Each of the findings presented today comes from a larger study or group of studies for which more extensive data have been gathered.

We are constantly adding to the data bases. In effect, we continue to replicate studies in new facilities or locations or extend the time line over which data are available.

I appreciate the opportunity and stimulation to make the effort to integrate this much of our work into a single presentation.

In between responding to clients requests, which we must do for continued financial support, we are engaged in a concerted effort to get more of our findings into print. We are committed, and our clients have consented, to share the kind of data presented today.

Our goal, as I hope yours is, is to work toward being more intentional in planning of future alternatives for elderly living and service delivery arrangements.

References

Adelman, N.E. (1980). Directory of life-care communities (2nd Ed.) Kennett Square, PA: Kendal Crosslands.

American Association of Homes for the Aging (1984). Market and economic feasilibity studies. Washington, DC: author.

National Council on Aging (1969). A national directory on housing for older people: 1969-70. (Rev. Ed.) New York: author.

Parr, J. & Green, S. (1981). Housing environments of elderly persons: typology and discriminant analysis. (Tech. Rep.) Clearwater, FL: Foundation for Aging Research.

Raper, A.T. (Ed.) (1984). National continuing care directory. Glenview, IL: Scott Foresman.

Table 1

Characteristics Which Best Distinguish Between Financially Eligible, Individuals who Express Interest in Specialized Retirement Housing in Which Some Services are Provided and Those who do not Express Such Interest: Results of Discriminant Analysis

Variables Which Were Included in the Final Equation	Unadjusted Group Means		F Ratio		
	Those Who Express Interest (n = 114)	Those Who do Not Express Interest (n = 166)	Uni-variate	Multi-variate	Discriminant Function Coefficients
Living arrangements (% living with spouse)	80	80	.01	2.70	.69
Gender (% male)	61	75	5.69*	6.60*	-.60
Age	69	66	6.47*	4.92*	.51
Living arrangements (% living alone)	17	14	.25	1.15	.44
Occupation (% professional)	58	45	4.41*	3.81	.41
Type of home (% single family)	68	80	4.48*	2.59	-.35
Home value (% worth $100,000)	41	52	3.40	1.80	-.29

Income source (% with income from investments)	75	75	.02	1.03	-.23

Summary statistics: Multivariate F ratio for the final equation = 3.12*; Canonical correlation coefficient = .29; Wilks' Lambda at the final step = .92; Wilks; Lambda for variable entered at step #1 (age) = .98; Group centroids: interested individuals = .37, Disinterested individuals = -.25; Percent of cases classified correctly on the basis of the discriminant equation = 60

* $p \leq .05$

Table 2

Features and Services Considered Important by Those Interested and Financially Eligible for Retirement Center Living

1.	A way to signal for help in an emergency. (99%)
2.	Ability to stay in the facility for the rest of their lives. (99%)
3.	Kitchens in the apartment. (96%)
4.	Dining room where at least one meal a day is served. (94%)
5.	Building security such as having the building locked at night. (94%)
6.	Maid service for heavy housekeeping chores. (93%)
7.	Transportation service. (88%)
8.	24 hour nursing center available to them on a priority basis. (86%)
9.	Shaded gardens for walking. (85%)
10.	Receptionist at the front door. (81%)
11.	Planned social and recreational activities. (79%)
12.	Personal or health care services and meals provided in the apartment if needed. (79%)
13.	Shopping, banks, etc. within walking distance. (78%)
14.	A library nearby or in the facility. (77%)
15.	Cultural center nearby in which plays, concerts, etc. can be attended. (67%)

Table 3

Building and Apartment Styles and Sizes Preferred by Interested and Financially Eligible Individuals

---

97% would be interested in a one or two story complex spread out over a large area.

65% would be interested in a mid-rise building (3-8 floors) with elevators.

Only 13% would be interested in a high-rise building.

81% say that the height of the building doesn't really matter.

Given their preference of floors, 82% would choose to live below the sixth floor and 61% would prefer to live on the first or second.

58% would choose a 2-bedroom, 2-bath apartment.

23% would choose a 1-bedroom, 1-bath.

Only 7% would choose an alcove or studio.

Table 4

Distance Interested and Financially Qualified Individuals are Willing to Move for Desired Features and Services

89% would consider a facility located in the town in which they currently reside.
86% would consider a facility in the county in which they reside.
50% would consider a facility within a fifty mile radius.
37% would consider a facility within a hundred mile radius.
29% would consider a facility in another state.
54% say the location is not important as long as the features they want are available.

Table 5

Degree to Which Interested and Financially Qualified Individuals are Ready to Move to a Retirement Center

88% had actually considered moving to a retirement center prior to the survey.
53% had investigated the costs of facilities prior to the survey.
48% would be ready to move within the next 5 years.
81% want to move while they are healthy and active in order to make new friends and become at home in their new surroundings.
31% would move only if their health declines.
44% would move only if their ability to get around begins to decline.

Table 6

Type of Sponsorship Preferred by Interested and Financially Qualified Individuals

94% would consider moving to a non-profit, religious facility.
82% would consider a facility affiliated with their own religion.
65% would consider a facility affiliated with religious groups other than their own.
51% would consider a for profit facility - an increase from previous studies.

Table 7

Characteristics Which Differentiate Between Financially Eligible, Interested, Elderly Individuals who Prefer a Rental Plan and Those who Prefer the LCF Option: Results of Discriminant Analysis

Variables Which Were Included in the Final Equation	Unadjusted Group Means: Those who Prefer Rental Option	Unadjusted Group Means: Those who Prefer LCF Option	F ratio: Univariate	F ratio: Multivariate	Discriminant Function Coefficients
Marital status (% married)	77	77	0.00	4.84*	1.09
Living arrangements (% living alone)	19	14	0.74	3.82	.91
Home value (% with homes worth $100,000 or more)	79	88	2.32	2.80	-.54
Age	82	86	0.03	1.93	-.44
Gender (% male)	58	71	2.71	1.86	-.42
Source of Income (% with investment income)	69	81	2.80	1.81	-.38

Annual Income (% worth $35,000 or more)	66	79	3.49	1.46	-.36
Religious Preference (% Protestant)	37	46	1.13	1.28	-.31

Summary Statistics: Multivariate F ratio for the final equation = 1.87, p = .06; Canonical correlation coefficient = .31; Wilks' Lambda at the final step= .91; Wilks' Lambda for the variable entered at step #1 (Income) = .98; Group centroids: Rental = .45, LCF = -.23; Percent of cases classified correctly = 65.

*p <.05

Table 8

Concerns Expressed by Those who are Financially Eligible but not Interested in Retirement Center Living

1. Concerned that the entrance fee will not be refundable. (95%)
2. Just don't feel ready for it yet. (79%)
3. Concerned about the long-range financial security of projects. (69%)
4. Don't like the idea of living in a community where everyone is their age. (54%)
5. They are afraid that there will be too many rules and regulations that they won't want to follow. (47%)
6. They are concerned that they may not be able to afford the expense. (47%)
7. They are concerned that they might have to move again if their health begins to fail. (33%)
8. They are concerned that family members won't like the idea. (29%)
9. They are afraid that moving to such a center might make them seem old and dependent to friends and relatives. (26%)

In addition, 65% have other specific concerns and fears.

Table 9

Health Center Days Used by Residents not Permanently Transferred to the Health Center During the First Seven Years of Residency in Two life care communities (155 of 468 residents; 33%)

NUMBER OF STAYS	MEAN NUMBER OF DAYS	RANGE OF DAYS
1 (N = 95; 20%)	39	1 - 284
2 - 3 (N = 52; 11%)	77	5 - 158
4 - 5 (N = 8; 2%)	156	52 - 287

Table 10

Health Center Days Used Before Transfer by Residents who are Permanently Transferred to the Health Center During the First Seven Years of Residency in Two Life Care Communities (60 of 468 Residents; 13%)

	MEAN NUMBER OF DAYS BEFORE TRANSFER	RANGE OF DAYS BEFORE TRANSFER
Transferred after one stay (N = 21; 4%)	139	1 - 458
Transferred after two to six stays (N = 39; 8%)	181	5 - 507

Table 11

Health Center Days Used After Transfer by Residents who are Permanently Transferred to the Health Center During the First Seven Years of Residency in Two Life Care Communities (60 of 468 Residents; 13%)

	MEAN NUMBER OF DAYS AFTER TRANSFER	RANGE OF DAYS AFTER TRANSFER
Residents who died (N = 27; 6%)	350	14 - 1,657
Residents remaining in health center (N = 30; 6%)	806	55 - 2,616
Moved out (N = 2)	89	74 - 104
Returned to apartment (N = 1)	463	--

Table 12

Health Center Useage of Residents During First Seven Years of Residency in Two Life Care Communities (n = 468)

One temporary stay	20%
Two - Five temporary stays	13%
Permanent transfers who die	6%
Permanent transfers who remain in health center	6%
Use no health center days	54%